FOR INSTRUCTIONS, SEE BACK OF FORM CHECK ONE: This is an Initial* Statement of Organization This is an amended* Statement of Organization An Initial Statement of Organization must be filed within 10 days of the commaking expanditures, or incurring indebtedness exceeding \$750. Amendment a change, Penalties may be imposed for late-filed Statements of Organization committee that exceeds \$750 in activity for another office shall file within 10 DR-1 disclosing information concerning the campaign for the now office sou	ons. A candidate with an open days either a new or amended ght.
COMMITTEE NAME 1 (A candidate's committee must include the put old name in ().	candidate's last name in the name of the committee.) If amending committee name,
Marion for Mayor Committee	
IMPORTANT: Indicate type of committee you are reporting for: (1) Statewide/Legislative/Judge Standing for Rotention Candidate (2) Statewide PAC (3) State Party (4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC (11) Local Bailet Issue (including committee involved in multiple city/county ballet Issues)	
COMMITTEE TREASURER (mandatory for all committoes)	COMMITTEE CHAIR (mandatory except for a candidate's committee)
Name J J Susan M. Hanan	Stephen L. Celania
Malline Address Street	Malipq Address ↓ ↓ 2711 Aeroway
RESERVE TOWN 5263210 1	City, Sinte ↓ ↓ Zio Code ↓ ↓ Keokuk, Iowa 52632
Phone (319) 524-2414	Phone (319) 524-4887
o-Maii	q-Mali
INDICATE PURPOSE OF COMMITTEE - Check One Box Adv. Comment or description:	vocate for/against condidato(s) Advocate for ballot Issue(s) Advocate against ballot Issue(s)
All Candidatos Enter: Office Sought: Mayor - City of Keokuk	County/Local Candidates and Local Ballot Committoes Enter:
•	County: Lee (If active in multiple pallot issue elections, attach list of countles
Political Party (If applicable)	
Year Standing for Election; 2009	Date of Election: November 3, 2009
	Candidate name & Address or Parent Entity (PACs. If spelicable), Affiliate, or Spensor
Year Standing for Election; 2009 Rank Account Name (must match committee name)	Candidate name & Address or Parent Entity (PACs, if applicable),
Year Standing for Election; 2009 Rank Account Name (must match committee name)	Candidate name & Address or Parent Entity (PACs, if applicable), Affiliate, or Sponsor Thomas D. Marion Mailing Address
Year Standing for Election: 2009 Pank Account Name (must match committee name) 1002914 Name of Financial Institution/type of Account State Central Bank	Candidate name 4 Address or Parent Entity (PACs, if applicable), Affiliate, or Sponsor Thomas D. Marion Mailing Address 801 Hazelhurst Circle
Year Standing for Election; 2009 Bank Account Name (must match committee name)	Candidate name & Address or Parent Entity (PACs, if applicable), Affiliate, or Spensor. Thomas D. Marion Mailing Address
Year Standing for Election; 2009 Bank Account Name (must match committee name)	Candidate name & Address or Parent Entity (PACs, if applicable). Affiliate, or Spensor. Thomas D. Marion Mailing Address
Year Standing for Election: 2009 Bank Account Name (must match committee name) 1002914 Name of Financial Institution/type of Account State Central Bank Mailing Address 1 601 Main Street City 1 State 1 Zip 1	Candidate name & Address or Parent Entity (PACs, if applicable), Affiliate, or Sponsor Thomas D. Marion Meiling Address
Year Standing for Election; 2009 Bank Account Name (must match committee name)	Candidate name & Address or Parent Entity (PACs, if applicable). Affiliate, or Spensor. Thomas D. Marion Mailing Address
Year Standing for Election: 2009 Pank Account Name (must match committee name) 1002914 Name of Financial Institution/type of Account State Central Bank Mailing Address	Candidate name & Address or Parent Entity (PACs, if applicable), Affiliate, or Sponsor Thomas D. Marion Mailing Address
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Pank Account Name (must match committee name) \$\frac{1}{2}\$ Name of Financial Institution/type of Account State Central Bank Mailing Address \$\frac{1}{2}\$ City \$\frac{1}{2}\$ State \$\frac{1}{2}\$ City \$\frac{1}{2}\$ State \$\frac{1}{2}\$ State \$\frac{1}{2}\$ City \$\frac{1}{2}\$ State \$\frac{1}{2}\$ State \$\frac{1}{2}\$ The committee and all persons connected with the committee affective in Chapter 351 of the lows Administrative Code. That lows Code section 68A.402 and rule 351—4.9 require the filing of disclessible to the candidate or chairperson (in the case of committees other than a composition of other criminal and civil sanctions. That lows Code section 68A.405 and rules 351—4.38 through 4.43 require to materials except for those items exempted by statute or rule. A committee that does not intend to cross the \$750 filing threshold chalf file the Form DR-SFA for	Candidate name & Address or Parent Entity (PACs. If applicable). Affiliate, or Sponsor Thomas D. Marion Mailing Address
Pank Account Name (must match committee name) 1002914 Name of Financial Institution/type of Account State Central Bank Mailing Address 601 Main Street City	Candidate name & Address or Parent Entity (PACs. If applicable). Thomas D. Marion Mailing Address
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